

Facilitator's Manual for R.A.F.T
Suicide Prevention:

The RAFT:

**Suicide Prevention and resources when
working with Suicidal individuals and
their families.**

Facilitator and Student Manual's for the RAFT, Suicide Prevention
Course is developed by Rev. Don Allen, Jr. PhD
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Author for this Manual

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This manual was originally written while Dr. Allen served as President of GCOTV School of Ministry.

Dr. Allen is the author of Grief: Helping Christians Coping with the STORM of Loss

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<https://qprinstitute.com/>

This Manual is designed for Pastors and Instructors in Christian Colleges, Universities, Schools of Ministries, and Schools of Theology to allow you to facilitate the material in the classroom and facilitate a discussion of tools to help prevent Suicide. Unlike other Facilitators/Student Manuals written for college courses, this is written as a two to three-hour seminar.

Seminar Description

- The seminar is designed to help local pastors and college instructors teach individuals to identify and help those dealing with suicide ideations. The participants will be given resources and tools understand how to help and individual with suicide ideations.

Seminar Method

- This seminar will use lecture and group participation,

Reading recommendation: (However not required)

- Allen, Don ... Grief: Helping Christians Coping with the STORM of Loss
- Quinnett, Paul G. ... Counseling Suicidal People, A Therapy of Hope, QPR Institute press
- Wright, H. Norman, Crisis Counseling, (Chapter 6),
- Wasserman, D. (Ed.). (2016) ... Suicide: An unnecessary death, 2nd Edition. Oxford University Press
- Gossack, Julies ... Hope Beyond Despair: Finding Truth after a Loved One's Suicide
- Powlison, David ... I Just Want to Die: Replacing Suicidal Thoughts with Hope
- Powlison, David ... Grieving a Suicide: Help for the Aftershock
- Black, Jeffrey S... Suicide: Understanding and Intervening

Introduction from the author:

Dr. Paul G. Quinnet opens his book Suicide the Forever Decision (For those thinking about Suicide, and for those who know, love, and counsel them) with this statement:

“The first thing I want to tell you about suicide is that you don’t have to be crazy to think about it or, that matter, to even try it” and it is the first thing I want you to know as we take this time discuss suicide prevention.

It is estimated that over 48,000 (these numbers are forever changing) people died by suicide each year in the United States and over 800 Thousand choose suicide worldwide per year.

Suicide Prevention and addressing a suicide with **FAMILY**, friends, co-workers, and **COMMUNITIES** is the hardest part of the job as pastor, chaplain, mentor, and yes even family member.

I have been involved in pastoral ministry for over 40 years and have dealt with the sudden **DEATH** of several individuals, counseling, **ENCOURAGING**, uplifting, and **SUPPORTING** their families. However, to this day the hardest to wrap my own mind around and help family and friends to come to grasp with is death by Suicide.

My first experience that I remember concerning Suicide was a dearly loved pastor in the community that took his own life with a gun in his church office. I was 19 years old and in my first year of Bible College. As the story unfolded following the tragedy event, the funeral, and the morning process by family and friends. Just five months earlier I meet with this pastor in his office as he offered me a position as his Assistant Pastor, a position I would turn down at the encouraging of my parents, and own pastors so that I could head off to Bible College.

The deacons confessed to several pastors during an enquire that the Pastor had come seeking wise counsel and forgiveness for an affair he had with a young married woman (15 years younger) in the church. The Chairman of the Deacon Board stated I was honest with him “hasn’t everybody had an affair with her.” Within a week, the pastor killed himself in his church office, the guilt, shame, and embarrassment were too much.

What I learned from that first experience with Suicide is that we never know the **EMOTIONAL** toll that the person is experience, and how that depression, discouragement, and distorted thinking now affects that choice people make in split second.

From the beginning of this class remember Suicide Prevention is very similar to providing CPR for a heart attack victim!

We are about saving Lives!

A Biblical Discussion!

Group Discussion:

Ask the students to share their understanding about individuals that commit suicide going to heaven or hell, this is simply to help you get a baseline of their personal thought on the topic.

Remember there is no right or wrong answer here.

The Bible records Seven individuals that committed Suicides:

Notice: outside the last person on the list, nothing is said about being separated from God. In some cases, we don't know for sure, but God knew their thoughts and their heart's intent.

- **Abimelech** called hastily unto the young man his armour-bearer, and said unto him, draw thy sword, and slay me, that men say not of me, A woman slew him. And his young man thrust him through, and he died (Judges 9:54).
- And **Samson** said; Let me die with the Philistines. And he bowed with all his might; and the house fell...upon all the people that were therein (Judges 16:30).
- **King Saul** took a sword and fell on it (1 Sam. 31:4).
- When [Kings Saul's] armour-bearer saw that Saul was dead, he fell likewise upon his sword, and died (1 Sam 31:5).
- When **Ahithophel** saw that his counsel was not followed, he...got him home to his house, to his city, and put his house in order, and hanged himself, and died (2 Sam. 17:23).
- It came to pass, when **Zimri** saw that the city was taken, that he went into the palace of the king's house, and burnt the king's house over him with fire, and died (1 Kings 16:18).
- **[Judas]** cast down the pieces of silver in the temple, and departed, and went and hanged himself (Matt. 27:5).

It is important that we are Helping People understand that Suicide is their choice, but I will be living with my pain!

Personal observation from the author: As I just recently turned 60 years old and had observed the past six decades, I'm becoming more convinced that the increase we see of Suicide is the worldwide view and loss for the importance of life. From historical events where hundreds of thousands were killed in war, to

concentration camps, terrorism, and yes even abortion. We have lost the concern for the value of life, and therefore as individual ask why I should be concerned or care about my own life.

Two important ETHICAL issues:

- **NEVER tell anyone you talk with that you GUARANTEE 100% confidentiality!**
 - o You will regret those words when you must call someone because the individual is suicidal, homicidal, or has been abusing a child or elderly person.
- **NEVER, NEVER, NEVER TELL or RECOMMEND to anyone that they should stop taking any medication:**
 - o No matter what your personal belief is on the subject! If there is a question, always refer them to their doctor.

As you are helping individuals that may be Suicidal, THIS IS NOT TIME TO BE **JUDGMENTAL** or even preach about their individual life choices. The most important thing is getting help and helping them to be safe!

Group Discussion:

Allow the students to share their thoughts of why these two ethical points are important in their interaction with people.

Throughout this manual we are using the Anagram **“R.A.F.T.”** to help us better understand how we can help individuals that are considering suicide or those that are suffering with loss of someone to suicide:

- R - **REACH** out to them:
- A - **ASK** the hard question
- F - **FOCUS** on the solution
- T - **TRANSFER** them for additional help if needed

Definition of Suicide:

Group Discussion:

Take a moment to ask the group what their definition of Suicide is.

“The word suicide comes from two Latin terms meaning “to kill” (*caedere*) “oneself” (*sui*). Suede describes the self- termination of life when death is intended rather than accidental or a result of risking activities.”¹

“Suicide: [soo-uh-sahyd]

Noun:

- the intentional taking of one's own life.
- destruction of one's own interests or prospects: Buying that house was financial suicide.
- a person who intentionally takes his or her own life.

verb (used without object), su·i·cid·ed, su·i·cid·ing.

- to commit suicide.

verb (used with object), su·i·cid·ed, su·i·cid·ing.

- to kill (oneself).

Origin of suicide: 1645-55; < New Latin *suīcīdium*, -*cīda*, equivalent to Latin *suī* of oneself, genitive singular of reflexive pronounciation + -*cīdium*, -*cīda* -*cide*”²

¹ Demarest, Bruce and Matthew, Keith J (General editors) Dictionary of Everyday Theology and Culture, NavPress, 2010

² Dictionary.com Unabridged Based on the Random House Unabridged Dictionary, © Random House, Inc. 2020 ... <https://www.dictionary.com/browse/suicide#>

Reach out to them:

- If you feel their ship (life) is sinking or out of control!
- If they are **EXPRESSING** that their ship (life) is out of control and they are expressing **HOPELESSNESS** and disparateness!
- It is important that we have the skills to throw them a RAFT!

It is important we understand the who, when, why, and where people commit suicide.

“Suicide is a process, not a fixed event”³

Who is committing Suicide?

- The World Health Organization reports: “Close to 800 000 (Please not these numbers are ever changing) people die due to suicide every year, which is one person every **40 SECONDS**. Suicide is a global phenomenon and occurs throughout the lifespan. Effective and evidence-based interventions can be implemented at population, sub-population and individual levels to prevent suicide and suicide attempts. There are indications that for each adult who died by suicide there may have been more than 20 others attempting suicide.”⁴

The highest suicide rates by country: “Suicide Rates by Country Rank Country Suicide Rate below is the top 10 in the world (Per 100,000 People)

- | | | | |
|-------------|------|---------------------|------|
| • Guyana | 30.2 | • Cote d'Ivoire | |
| • Lesotho | 28.9 | | 23.0 |
| • Russia | | • Kazakhstan | |
| | 26.5 | | 22.8 |
| • Lithuania | 25.7 | • Equatorial Guinea | |
| • Suriname | 23.2 | | 22.0 |

³ Quinnet, Paul G. Counseling Suicidal people, QPR Institute, Spokane Washington, 2009

⁴ World Health Organization,
https://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

- Belarus 21.4
- South Korea 20.2

“World Suicide Prevention Day 2019 Facts and Figures Sheet:

- Over 800,000 people die by suicide **ANNUALLY**, representing 1 person every 40 seconds. Some estimates have placed this time over One million.
- Suicide is the 15th leading cause of death globally, account for 1.4% of all deaths
- The global suicide rate is 11.4 per 100 000 population
 - o 15.0/100 000 for males
 - o 8.0/100 000 for females
- Suicide is the **LEADING** cause of **DEATH** in people aged 15-24 in many European countries. Globally suicide rates among this age group are higher in males than females
- Self-**HARM** largely occurs among older adolescents, and globally is the 2nd leading cause of death for older adolescent girls
- In 2012, 76% of global suicide occurred in low- and middle-income countries 39% of which occurred in the South-East Asia Region
- In 25 countries (within WHO member states) suicide is currently still criminalized
 - o In an additional 20 countries suicide attempters may be punished with jail sentences, according to Sharia law
- Suicide is the result of a convergence of risk factors including but not limited to **GENETIC**, **PSYCHOLOGICAL**, **SOCIAL** and **CULTURAL** risk factors, sometimes combined with experiences of trauma and loss
 - o **DEPRESSION** is the most common psychiatric disorder in people who die by suicide 50% of individuals in high income countries who die by

suicide have major depressive disorder at their time of death

- For every 1 suicide 25 people make a suicide attempt 135 people are affected by each suicide death. This equates to 108 million people bereaved by suicide worldwide every year
 - o **RELATIVES** and close **FRIENDS** of people who die by suicide are a high-risk group for suicide, due to the psychological trauma of a suicide loss and potential shared familial and environmental risk, suicide contagion through the process of social modelling, and the burden of stigma associated with this loss
- Effective suicide prevention strategies need to incorporate public health policy strategies and healthcare strategies, incorporating measure with the strongest evidence of efficacy such as: restriction of access to lethal means; treatment of depression; ensuring chain of care; and school-based universal prevention”⁵

Factors that CONTRIBUTE to suicide: (this is not a complete list):

- We must remember suicide is a complex human behavior with **NO** single determining cause for suicide thought (**IDEATION**) or **ACTIONS**. The following groups or individuals have demonstrated a higher risk for suicide or suicide attempts than the general population:

Group discussion:

Allow the students to share what they believe to be factors in an individual committing Suicide.

WHY people commit Suicide

⁵ International Association for Suicide Prevention (IASP)
https://www.iasp.info/wspd/pdf/2019/2019_wspd_facts_and_figures.pdf

- Avoiding **TRAGEDY** (example dying by fire)
- Having suffered a recent loss of a close family member or friend by suicide
- **BULLYING**
- Cyber information that is embarrassing
- Cyber-bullying
- Discouragement
- **DIVORCE**
- Fear of facing consequences for your action/sin
- Individuals that are raped (this also includes, a high rate among boys and young men)
- Members of the **MILITARY** and **VETERANS**
- Men in **MIDLIFE**
- People who are lesbian, gay, bisexual, or transgender
- People who have **PREVIOUSLY** attempted suicide
- People who intentionally hurt themselves (non-suicidal self-injury)
- People with mental and/or substance use disorders
- People with **TERMINAL MEDICAL** conditions
- Un-Forgiveness of yourself or others
- Women dealing with **POSTPARTUM** Depression
- Workers in justice and child welfare settings
- Social **STIGMA**
- Prejudice
- Discrimination

With the increase use of social media such as Facebook, Instagram, Twitter, and other modes of communication, cyber - bullying has becoming a more common thing.

Professions that are a high risk:

An internet search shares list of those professions at higher risk for suicide. The following is compiled from various website and sources: The list is not in order of highest ranking.

- | | |
|-------------------------------|--------------------------|
| • Chiropractors: | • <u>DOCTORS/</u> |
| • Construction site managers: | <u>SURGEONS:</u> |
| • Dentist | • Electricians: |
| | • Finance dealers: |

- Fishermen, farmers, lumberjacks, workers in agriculture or forestry:
- Lawyers:
- Managerial positions:
- Marine Engineers:
- Scientists:
- **POLICE**:
- The real estate experts or the agents:
- Urban planners:
- Veterinarians

Method for committing Suicide:

How individuals choose to die by suicide varies by individual and access: The method is always determined by access!

- **GUN**
- **OVERDOSE**
- Hanging
- Poisoning
- Suicide by cop
- Drowning
- **JUMPING** from a high place (bridge or cliff)
- Hunger Strike

“79% of global suicides occur in low- and middle-income countries. Ingestion of pesticide, hanging and firearms are among the most common methods of suicide globally.”⁶

Most people who are suicidal give warning signs about their intentions.

Some of the warning signs are:

- **HOPELESSNESS** (is Number ONE)

⁶ <https://www.who.int/news-room/fact-sheets/detail/suicide>

“Research has also shown that the intensity of suicidal intent is more highly correlated with hopelessness than with a diagnosis of depression.”⁷

- Isolating
- Changes in appearance/hygiene
- Missing classes
- Grades and quality of work **DECREASING**
- **BODY** language
- Expressions of hopelessness or helplessness
- An overwhelming sense of **SHAME** or **GUILT**
- A dramatic change in personality or appearance, or irrational or bizarre behavior
- Change of eating or sleeping habits
- A lack of **INTEREST** in the future
- Written or spoken notice of intention to commit suicide
- Giving away **POSSESSIONS** and putting their **AFFAIRS** in order

Our job is to “Helping them to remember, suicide is not the problem, only the solution to a perceived insolvable problem.”

What to watch for concerning individual that may be suicidal?

There are some direct indications that someone is having suicidal thoughts (ideation):

- **Suicidal COMMUNICATION:** Someone is threatening or talking about hurting or killing himself/herself.
- **Seeking access to a METHOD:** Someone looking for ways to kill himself/ herself by seeking access to firearms, available pills, or other means.

⁷ Quinnet, Paul G., Counseling Suicidal People, A Therapy of Hope, 3rd edition, The QPR Institute, Spokane, Washington. 2009

- **PREPARING**: Someone talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person.

Behavioral Clues that we should be watching for:

- Previous suicide attempts
- **ACQUIRING** a gun or stockpiling pills
- Co-occurring depression, moodiness, or hopelessness
- Getting personal affairs in order
- Giving away prized possessions or objects of importance
- Sudden **INTEREST** or **DISINTEREST** in religion
- Drug/alcohol abuse or relapse after a period of recovery
- Unexplained **ANGER**, aggression and irritability

Situational Clues that we should be watching for:

- Being **FIRED** from employment or being **EXPELLED** from school
- A recent **UNWANTED** move
- Loss of any major relationship
- Death of a spouse, **CHILD**, or best friend, especially if by suicide
- Diagnosis of a **SERIOUS** health issue or **TERMINAL** illness
- Sudden unexpected loss of **FREEDOM**/fear of punishment
- **UNANTICIPATED** loss of financial security
- Loss of a cherished therapist, counselor, teacher, or mentor
- Fear of becoming a burden to others

“The research is in. Suicide prevention is a therapy of hope. Regardless of how one goes about measuring it in a clinical setting, a sense of hopelessness has repeatedly been shown not only to be a core characteristic of depressed people but also to be strongly associated with other psychiatric

disorders that can give rise to suicide thought, feelings and action's."⁸

It is very important to keep in mind that some people who die by suicide do not show any suicide warning signs. However, about 75 percent of those who die by suicide do exhibit some suicide warning signs, so we need to be aware of what the suicide warning signs are and try to spot them in people. If we do see someone exhibiting suicide warning signs, we need to do everything that we can to help them.

Reach out to folks displaying these signs: EARLY! We now understand the signs were there! Sadly, we often miss the Early signs:

- Sadly, on August 11, 2014, a great actor/comedian, Robin Williams, thought he was having a Bad Day, and he made a choice to end his life. He was rich, famous, and had a lot of friends. However, he struggled with depression, discouragement, fear, painful thinking, delusional thinking, physical illness, and psychological illness. He believed that no one cared or could help him, and he thought there was no way out – just like many of us today.

Unfortunately, you may have had friends that thought suicide was the answer to the bad day they were having. Remember this is a permanent answer, with no return if you are successful, and if you fail, the results could be very bad as well.

It is not just outside of the church ...The news read on November 14, 2013 in the ChurchLeaders.com:

- Rev. Teddy Parker, 42, of Macon, Ga., died of a self-inflicted gunshot wound in the driveway of his home while his 800-member church and his family waited for him to

⁸ Quinnet, Paul G., Counseling Suicidal People, A Therapy of Hope, 3rd edition, The QPR Institute, Spokane, Washington. 2009

show up to preach on Sunday morning. Parker was pastor at Bibb Mount Zion Baptist Church in Macon and a father of two. He was said to have recently remarked, "Sometimes I don't feel like God is hearing me." When Parker didn't show up to preach, the family went looking for him; his wife was the one who discovered his body.

Personal note by Dr. Don Allen about mental illness: I realize that many of our students will disagree with the term mental illness, believing that it has a place in demon and other causes. For this purpose of this manual I'm looking Mental illness as an "Illness of the Mine" and therefore should be treated just like other illness.

Even the young people within our churches are not immune from the thought and actions, as we read the news from April 2013:

- LAKE FOREST, Calif. (AP) - The Southern California church headed by popular evangelical Pastor Rick Warren says his 27-year-old son has committed suicide. Warren's Saddleback Valley Community Church in Lake Forest, Calif., says in a statement Saturday that Matthew Warren had struggled with mental illness and deep depression.'

We need to be aware that mental illness is a major contributing factor for suicide, either un-diagnosed, under-diagnosed, or un-treated diagnosis can contribute to suicide:

Manic Depression, Depression, and Suicide:

The following adapted from the National Institute of Mental Health, 2004: Depression and Manic-Depressive illness is either diagnosed or sadly, in some cases, often goes undiagnosed and untreated and can sometimes result in suicide.

People that suffer from Depression or manic depression are the highest risk groups for suicide:

- 25-50% of persons with manic-depression attempt suicide.
- **ONE** in Five persons with this illness die by suicide.
- Most communicate their intent before an attempt.
- Of all those who die by suicide, more than two-thirds suffer from depression or manic-depressive illness.
- Suicide attempts typically occur very soon after the **ONSET** of the illness.
- While men kill themselves four times more often than females, gender rates for manic-depressive illness are equal.

There is strong scientific evidence linking manic-depressive illness, artistic creativity, and suicide. More research is needed about how to treat highly creative persons so as not to interfere with their creative output.

Can you think of someone who suffered from manic-depressive illness and died by suicide?

DEPRESSION and Suicide have a high risk of going hand in hand!

Symptoms/warning signs for depression:

- **DEPRESSED** mood
- Change in eating and **SLEEPING** activities
- loss of interest or pleasure in usual activities
- decrease in sexual drive
- fatigue or loss of **ENERGY**
- diminished ability to think or concentrate
- thoughts of death or suicide or wishes to be dead

According to the DSM5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition,) which is the Diagnostic Manual used by psychiatric and psychologist here in the United States “the symptoms must be

persistent for 2 or more weeks, and 5 must be present before a diagnosis of depression is made.”

- People are at a higher risk for suicide when they:
 - are **ANXIOUS**, agitated and enraged
 - **ISOLATED**
 - using drugs and/or alcohol
 - are feeling hopeless

Keep in mind that concerning Depression and Suicide

- Most people who become depressed do not become suicidal,
- Of those who die by suicide, 1/3 suffer from a depressive illness
- Women suffer from depression twice as much as men
- Less than ½ of Americans consider depression a health problem - 3 in 5 consider it a personal weakness
- Depression is highly treatable and 7 out 10 patients will improve with the help of psychotherapy and the new and improved drug treatments.

Post-Traumatic Stress Disorder (PTSD)

- People who have experienced a traumatic event and/or have post-traumatic stress disorder (PTSD) may be more likely to attempt suicide.⁹

This could include but not limited to:

- Being in a War Zone
- Sexual Assault
- Natural Disaster
- Etc.

⁹ Verywell Mind is part of the Dotdash publishing family
<https://www.verywellmind.com/ptsd-and-suicide-2797540>

Ask the hard question:

“What Should I Do if I Am in Crisis or Someone, I Know Is Considering Suicide?”

If you or someone you know has warning signs or symptoms of suicide, particularly if there is a change in the behavior or a new behavior, get help as soon as possible.

Often, **FAMILY** and **FRIENDS** are the first to recognize the warning signs of suicide and can take the **FIRST** step toward helping an at-risk individual find treatment with someone who specializes in diagnosing and treating mental health conditions. If someone is telling you that they are going to kill themselves, do not **LEAVE** them **ALONE**. Do not **PROMISE** anyone that you will keep their suicidal thoughts a secret. Make sure to tell a trusted friend or family member, or if you are a student, an adult with whom you feel comfortable. You can also contact the resources noted below.”¹⁰

I have heard over the years I can't ask that question or this question because it will trigger them to act on their thoughts or do it.

Research has shown that there **Six Myths** that must be busted and move on: Suicide Myths Busters ... And here are the facts!

- **Myth # 1:**

- o No one can stop a suicide – it is inevitable.
 - Fact: If people in a crisis get the help they need; they may never become suicidal again.

- **Myth #2:**

- o Confronting a person about suicide will only make them angry and increase the risk of suicide.

¹⁰ <https://www.nimh.nih.gov/health/publications/suicide-faq/index.shtml#pub6>

- Fact: Asking someone directly about suicidal intent lowers anxiety, opens communication, and lowers the risk of an impulsive act.
- “Asking someone about suicide is not harmful. There is a common myth that asking someone about suicide can put the idea into their head. This is not true. Several studies examining this concern have demonstrated that asking people about suicidal thoughts and behavior does not induce or increase such thoughts and experiences. In fact, asking someone directly, “Are you thinking of killing yourself,” can be the best way to identify someone at risk for suicide.”¹¹

- **Myth # 3:**

- o Only an expert can prevent suicide.
 - Fact: Suicide prevention is everybody’s concern, and anyone can help prevent the tragedy of suicide.

- **Myth # 4:**

- o Suicidal people keep their plans to themselves.
 - Fact: Most suicidal people communicate their intent to someone at some point during the week preceding their attempt.

- **Myth # 5:**

- o Those who talk about suicide don’t do it.
 - Fact: People who talk about suicide may try, or even complete, an act of self-destruction.

- **Myth # 6:**

- o Once a person decides to complete suicide, there is nothing anyone can do to stop them.

¹¹ <https://www.nimh.nih.gov/health/publications/suicide-faq/index.shtml>

- Fact: Suicide is the most preventable kind of death, and almost any positive action may save a life.

“Getting Ready to Address Suicidality: It is important for you to be **COMFORTABLE** and **COMPETENT** when asking your clients questions about suicidal ideation and behavior. It may be challenging to balance your own comfort level with your need to obtain accurate and clear information in order to best help the client. Suggestions made by the consensus panel to ease the process follow.”¹²

What are the questions to ask?

The National Institute of Mental Health (NIMH) has developed the following straight forward question as a part of their “Ask Suicide Screening Question.”

- In the past few weeks, have you **WISHED** you were dead?
- In the past few weeks, have you **FELT** that you or your family would be better off if you were dead?
- In the past week, have been having **THOUGHTS** of killing yourself?
- Have you ever **TRIED** to kill yourself?

If the individuals answer YES to any of the above questions, ask the following question: “Are you having thoughts of killing yourself right now?”¹³

Be Direct!

¹² Treatment Improvement Protocol (TIP) Series, No. 50. Center for Substance Abuse Treatment.

Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2009 <https://www.ncbi.nlm.nih.gov/books/NBK64025>

¹³ The National Institute of Mental Health Information Resource Center NIMH Toolkit, Ask Suicide-Screening Questions

- “Are you **THINKING** about **KILLING** yourself?
- If in doubt about their thinking, don’t wait to ask the question.

If the person is RELUCTANT, be PERSISTENT.

- **TALK** to the person alone in a private setting.
- Allow the person to talk freely.
- Give yourself plenty of time.
- Have your **RESOURCES** handy: phone numbers, counselor’s name, and any other information that might help
- Remember: How you ask the question is less important than you are **ASKING** it!

Less Direct Approach:

- Have you been **UNHAPPY** lately?
- Have you been very unhappy lately?
- Have you been so very unhappy lately that you’ve been **THINKING** about ending your life?
- Do you ever wish you could go to sleep and never wake up?

Direct Approach: (Sometimes we need to be blunt)

- You know, when people are as upset as you seem to be, they sometimes wish they were dead. I’m wondering if you’re feeling that way too.
- You look pretty miserable. I wonder if you’re thinking about suicide.
- Are you thinking about killing yourself?

How not to ask the question!

- You’re **NOT** suicidal, are you?
- You wouldn’t do something **STUPID**, would you?

- Suicide is a dumb idea; you're not thinking about killing yourself, are you?

Focus on the solutions!

*As a counselor, pastor, chaplain, parent, friend,
your willingness to listen and to help can rekindle
hope. Hope makes all the difference!*

**The 1st step is always: LISTEN to the
Problem!**

**Avoid the ROADBLOCKS to Listening what
is being said?**

- o **Talking....**
 - Your ears won't hear while your mouth is talking. TWO SENDERS and NO RECEIVERS will not work ... one must listen and then switch the rolls if needed.
- o **Getting READY to talk....**
 - Instead of concentrating on what is being said, you are already thinking and planning what you are going to say in response to this person.
- o **Mentally arguing /mental criticism....**
 - In your mind you are disagreeing with them and not allowing them to explain. Or you decide based on appearance or poor grammar.
- o **PREOCCUPATION....**
 - Thinking about something else while the person is talking.
- o **Impatience...**
 - Feeling annoyed with the slow pace of the individual's speech or their inability to get to the point.
- o **Poor ENVIRONMENT...**

- Noise, other people, room is too hot/cold, or other distractions can stop you from hearing.
- o **Divided attention/failure to see speaker...**
 - Things in the way of your being able to see the speaker's whole body. Facial expressions, body language, and hand motions.
- o **Lack of REALIZATION....**
 - Coming to understand that listening is a job and takes effort. You must apply yourself and concentrate on the listening process.
- o **Immaturity....**
 - The immature person is not sure of himself, so he is anxious to become a talker, not a listener. He wants to tell you what he knows.
- o **Mental and PHYSICAL fatigue....**
 - You cannot give the individual the attention they deserve if you mentally or physically exhausted.... Explain the situation and come back after you are rested and capable to have the conversation.

Remember!

**There is a difference
between Hearing and
Listening!**

We hear a lot of things, the noises around us. But that is different than listening to someone talk.

The following are the Four Basic helping skills.

G-R-E-W

It is essential that as people helpers we are able to share the following with the individual we are talking with.

- **GENUINENESS**

- o Is the ability to be fully you and express yourself to others. It is the lack of phoniness, faking, and defensiveness. When you are genuine, the way you act on the outside matches your thoughts and feelings on the inside.

- **RESPECT**

- o Is the ability to let another person know, through your words and actions, that you believe that he or she can make it in life, the right to make his or her own decisions, and the ability to learn from the outcome of those decisions.

- **EMPATHY**

- o Is the ability to understand how another person sees and interprets an experience. It is different from sympathy (feeling sorry for someone). When you are empathetic, you can look at and understand a situation from another person's perspective. It does not mean you have to agree with that person.

- **WARMTH**

- o Is somewhat synonymous with caring. It is friendliness and consideration shown by facial expression, tone of voice, gestures, posture, eye-contact, and such non-verbal behaviors as looking after individual's well-being.

Ask them to go with you to get help.

Get them to **STAY FOCUSED** on God's unconditional love for them!

If the individual is not a believer, focus on the loved ones that exist in their life. Reflect on a Biblical world view of God's love despite their thoughts.

Using the **SCRIPTURE** to reflect on HIS (Christ) solutions. Remember that many in the Bible talked about it and even some did it.

The Psalmist wrote in his greatest moment of despair! Psalm 40:1-3 (ESV) ... "To the choirmaster. A Psalm of David. I waited patiently for the Lord; he inclined to me and heard my cry. He drew me up from the pit of destruction, out of the miry bog, and set my feet upon a rock, making my steps secure. He put a new song in my mouth, a song of praise to our God. Many will see and fear and put their trust in the Lord."

- 1 Peter 5:7 ... "Casting all your anxieties on him, because he cares for you."
- Isaiah 53:4 ... "Surely he (referring to Christ) has borne our griefs and carried our sorrows; yet we esteemed him stricken, smitten by God, and afflicted."
- Psalm 23:4 ... "Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me."
- 2 Corinthians 12:9 (ESV) ... But he said to me, "My grace is sufficient for you, for my power is made perfect in weakness." Therefore, I will boast all the more gladly of my weaknesses, so that the power of Christ may rest upon me.

Get them to **OPEN UP AND PRAY** and ask others to pray with them and for them.

Remind them:

“Every event that brings suicidal thoughts is temporary! This is a fact.”

What to Do:

- Take suicide threats **SERIOUSLY**. Be direct, open, and honest in communications.
- **LISTEN**: Allow the individual to express their feelings and express your concerns in a **NON-JUDGMENTAL** way.
- Say things like, “I’m here for you. Let’s talk. I’m here to help.”
- **ASK**, “Are you having suicidal thoughts?”
- A detailed plan indicates greater risk.
- Act sooner rather than later.
- **DISPOSE** of pills, drugs and guns.
- Don’t worry about being **DISLOYAL** to the individual; contact a reliable family member or close friend of the person.

What Not to Do:

- Do not **LEAVE** the person alone if you feel the risk to their safety is immediate.
- Do not treat the threat lightly even if the person begins to joke about it.
- Do not **ACT** shocked or **CONDEMN** the person opening up to you. There may not be another cry for help.
- Do not point out to them how much better off they are than others. This increases feelings of guilt and worthlessness.
- Do not swear yourself to secrecy.
- Do not offer simple **SOLUTIONS**.
- Do not suggest drugs or alcohol as a solution.
- Do not judge the person.
- Do not argue with the person.
- Do not try to counsel the person yourself (unless your qualified)

- GET PROFESSIONAL HELP!¹⁴

Remember:

Almost everybody who is **STRUGGLING** with suicidal thoughts is **AMBIVALENT** about living or not living.

- Suicide crises can be **OVERCOME**.
- Suicide attempts must always be taken **SERIOUSLY**.
- Suicidal individuals generally show warning signs.

¹⁴ Ohio's Suicide Prevention Plan, Published by the Ohio Department of Mental Health

Transfer them for additional help!

- Get them to make a plan so they don't act on it on the Suicidal thought!
- Get someone to **HELP** them.
- Help them to start **DISCOVERING** and making necessary changes.
- Help them to put together a **LIST** of who they will call if time get tough again.
- Help them to plan where they will go that is safe during a crisis moment.
- **EMPHASIZE** the importance of: Staying focused on being safe and appropriate.

Always refer them for help!

- **PROFESSIONAL** Counselor
- Qualified Pastoral Counselor
- Suicide Hotline
- Hospital

Group Discussion:

With you group develop a list of resources that you can use in your community to help individuals coping with Suicidal thoughts (ideations).

The Biblical or Theological Debate over Suicide:

Everybody knows or I hope you know that I'm a Pastor with a heart for people. On several occasions, I have been asked to talk with family, friends, and co-workers that have had someone commit suicide, and the question that comes up first seems to always be, "Are they in heaven?"

Honestly, my answer has become very simple! In fact, it is the same answer I give concerning anyone who dies. **"God knew their heart at the time they stepped into eternity"** and for those that committed suicide I simply say, **"God knows their thinking and has made that decision."**

I have heard all the arguments. I have heard the Bible verses misinterpreted, and I have read the statements of fact (without God's compassion considered) over the pastorate of 40 years of ministry. I had a pastor argue with me about a young marine who died in the first Iraq war. This pastor stated, as fact, that he committed suicide; therefore, he wasn't in heaven. This pastor told the family this, and you can image how that would send the mother into tears. As Paul Harvey would have said, "Now, the rest of the story:"

The young Marine was raised in church, made a profession of faith, surrendered to preach, and was in Bible College when he enlisted to defend his country following the events of September 11, 2001. While serving in a forward command center, a terrorist threw a grenade into the compound where over 25 fellow soldiers were. That young Marine jumped on the grenade and died saving those friends and fellow soldiers. How do you tell that family that that was suicide? - Yes, it was willful act; yes, he knew he was going to die. - Remember: it is always ONLY God that knows the heart and mind. Only he judges according his wisdom!

What about the individuals that jumped from the windows of the World Trade Center? How do we consider someone, like a former friend that grew up in church with me, that found life to

be overwhelming one day, and used a shot gun to end his pain? I can only pray that God knows more than we do.

When a person that has suffered from depression or another mental illness for years and he/she feels that life has become too much to handle, and they make the choice to end their life, remember: it is always the same God that knows the heart and He judges according his wisdom!

“God knew their heart at the time they stepped into eternity”

Augustine statements have been a debated: Is someone that commits Suicide condemned atomically to hell?

From Augustine writing found in the “Chapter 22. —That Suicide Can Never Be Prompted by Magnanimity.

But they who have laid violent hands on themselves are perhaps to be admired for their greatness of soul, though they cannot be applauded for the soundness of their judgment. However, if you look at the matter more closely, you will scarcely call it greatness of soul, which prompts a man to kill himself rather than bear up against some hardships of fortune, or sins in which he is not implicated. Is it not rather proof of a feeble mind, to be unable to bear either the pains of bodily servitude or the foolish opinion of the vulgar? And is not that to be pronounced the greater mind, which rather faces than flees the ills of life, and which, in comparison of the light and purity of conscience, holds in small esteem the judgment of men, and specially of the vulgar, which is frequently involved in a mist of error? And, therefore, if suicide is to be esteemed a magnanimous act, none can take higher rank for magnanimity than that Cleombrotus, who (as the story goes), when he had read Plato’s book in which he treats of the immortality of the soul, threw himself from a wall, and so passed from this life to that

which he believed to be better. For he was not hard pressed by calamity, nor by any accusation, false or true, which he could not very well have lived down; there was, in short, no motive but only magnanimity urging him to seek death and break away from the sweet detention of this life. And yet that this was a magnanimous rather than a justifiable action, Plato himself, whom he had read, would have told him; for he would certainly have been forward to commit, or at least to recommend suicide, had not the same bright intellect which saw that the soul was immortal, discerned also that to seek immortality by suicide was to be prohibited rather than encouraged.

Again, it is said many have killed themselves to prevent an enemy doing so. But we are not inquiring whether it has been done, but whether it ought to have been done. Sound judgment is to be preferred even to examples, and indeed examples harmonize with the voice of reason; but not all examples, but those only which are distinguished by their piety, and are proportionately worthy of imitation. For suicide we cannot cite the example of patriarchs, prophets, or apostles; though our Lord Jesus Christ, when He admonished them to flee from city to city if they were persecuted, might very well have taken that occasion to advise them to lay violent hands on themselves, and so escape their persecutors. But seeing He did not do this, nor proposed this mode of departing this life, though He were addressing His own friends for whom He had promised to prepare everlasting mansions, it is obvious that such examples as are produced from the “nations that forget God,” give no warrant of imitation to the worshippers of the one true God.”¹⁵

In the Dictionary of Everyday Theology and Culture the writer states in the chapter on Suicide (page 405) ...

“Scripture seems to clearly indicate that suicide is contradictory to God’s will. Taking one’s own life fails to acknowledge the value that God places on life, and it creates a tremendous burdens and guilt for those left behind. At the same

¹⁵ NPNF1-02. St. Augustine's City of God and Christian Doctrine
by Philip Schaff

time, nothing in Scriptures indicates that suicide is an unforgiveable sin. Further we all die with unconfessed sins, so as Christians, if we need to deal with the suicide of a loved or minister to those in such a situation, the gospels reminds us that God is in the business of redeeming pain, suffering, and death. Our job is to join with Christ by suffering with those in pain and reflect the new life and hope he promises.

At the website Bible Study Tools:

<https://www.biblestudytools.com/topical-verses/bible-verses-about-suicide/>

List the following verses to help individuals that are coping with the thought of Suicide.

- Isaiah 41:10 So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand.
- Isaiah 55:11 so is my word that goes out from my mouth: It will not return to me empty but will accomplish what I desire and achieve the purpose for which I sent it.
- Jeremiah 29:11 For I know the plans I have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you hope and a future.
- John 10:10 The thief comes only to steal and kill and destroy; I have come that they may have life and have it to the full.
- 1 John 4:44 You, dear children, are from God and have overcome them, because the one who is in you is greater than the one who is in the world.
- Mark 16:16 Whoever believes and is baptized will be saved, but whoever does not believe will be condemned.
- Psalm 55:22 Cast your cares on the LORD and he will sustain you; he will never let the righteous be shaken.
- Romans 8:1-21 Therefore, there is now no condemnation for those who are in Christ Jesus, 2 because through Christ Jesus the law of the Spirit who gives life has set you free from the law of sin and death.
- Romans 8:38-39 For I am convinced that neither death nor life, neither angels nor demons, neither the present nor

the future, nor any powers, 39 neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord.

- Matthew 27:3-4 When Judas, who had betrayed him, saw that Jesus was condemned, he was seized with remorse and returned the thirty pieces of silver to the chief priests and the elders. 4 “I have sinned,” he said, “for I have betrayed innocent blood.” “What is that to us?” they replied. “That’s your responsibility.”
- Psalm 34:18-19 The LORD is close to the brokenhearted and saves those who are crushed in spirit. 19 The righteous person may have many troubles, but the LORD delivers him from them all;

Group Discussion:

Now that you have spent time discussing and learning about Suicidal Prevention, what have you learned. Has any of your preconceived thoughts prior to class changed.